

South Carolina Department of Disabilities and Special Needs

ENCRYPTED FLASH DRIVE AGREEMENT

I. EMPLOYEE

By signing below I am requesting the issuance of a DDSN encrypted flash drive to use for DDSN business purposes ONLY. I agree to abide by the procedures and requirements of the DDSN REMOVABLE MEDIA SECURITY POLICY.

I understand that the policy includes, but is not limited to, the following:

- I agree that the physical security of the device is my responsibility and it will be stored in a secure place at all times.
- I agree not to share my encrypted flash drive pin number with any other NON-DDSN Employee.
- I agree not to share my encrypted flash drive with any other NON-DDSN Employee.
- I agree not to put personal data on the encrypted flash drive.
- I agree to notify the DDSN Information Technology Division immediately if my device becomes lost or stolen.
- I agree to surrender the device to the DDSN Information Technology Division, in the event of my separation or upon request.
- I agree to only transfer data from this encrypted flash drive to DDSN owned devices.

Print Employee Name

Signature

II. SUPERVISOR

I certify that the above signed employee has a legitimate business need for an encrypted flash drive.

Print Supervisor's Name

Signature